RESCUE FIRE COMPANY INCORPORATED
307 GAY STREET • P.O. BOX 776
CAMBRIDGE, MARYLAND 21613
(410) 228-1670

APPLICATION FOR HONORARY MEMBERSHIP

INSTRUCTIONS FOR APPLICATION: ALL of the following questions *MUST* be answered. If any question or questions are left unanswered, then the application shall not be accepted. After completing the application, submit it to the Company Secretary at the address above or to the Cambridge City Clerk. If additional space is needed please use the reverse or attach a separate sheet. Either print or type your answers. All answers must be legible.

Your complete name _____
First Middle Last (Jr., Sr., etc.)

Your complete mailing address _____

_____

Your street or RFD (Rt. And Box) address and road name if different from above (if same state)

_____

Your Social Security No. _____ Your date of birth _____

Your driver's license No. _____ State _____ Class _____

List all criminal convictions that you have received (if none state none) give the date, crime and court name _____

_____

List each motor vehicle or traffic conviction that you have been assessed four (4) or more points on your driver's record (if none state none) give the date, offense, and number of points _____

_____

_____

Your telephone number or a number where you may be contacted_____

Twenty dollars ($20.00) Yearly Dues must be submitted with this application.

Any new member who is not over 45 years of age is eligible to death benefits, provided he pays all assessments of $3.00 each, which are levied upon the death of a member, as provided by the By Laws. If you are eligible, please fill in the answer to the following question. Do you want to be placed on the beneficial list and pay assessments as stated above? _____ .

If any information contained in or on this application is found to be false, then the applicant shall be rejected from membership, and/or the member shall be expelled from membership.

Your Signature _____ Date _____